SEASONAL MAINTENANCE

[Company Name]
[Phone Number]
[Email/Website]

Invoice #: _____
Date: _____
Season: [ ] Spring [ ] Summer [ ] Fall [ ] Winter

BILL TO

[Client Name]
[Street Address]
[City, State, Zip]

SERVICE PROPERTY

[Property Address or Same]
[Special Instructions]

Service Description	Quantity/Hours	Rate	Total

Subtotal: $ _____
Tax: $ _____
Amount Due: $ _____

Payment Terms: Due within [ ] days. Please make checks payable to [Company Name].

Thank you for letting us care for your landscape this season!